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| Case Number: | CM15-0126222 | | |
| Date Assigned: | 07/10/2015 | Date of Injury: | 10/06/2008 |
| Decision Date: | 09/09/2015 | UR Denial Date: | 06/26/2015 |
| Priority: | Standard | Application Received: | 06/30/2015 |

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Arizona, Michigan

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 59-year-old male, who sustained an industrial injury on 10/06/2008. The injured worker is currently diagnosed as having degeneration of cervical intervertebral disc and cervical myelopathy. Treatment and diagnostics to date has included use of medications and history of anterior cervical discectomy and fusion. In a progress note dated 06/19/2015, the injured worker presented with complaints of neck pain with radiation of pain, left upper extremity weakness, with bilateral upper extremity numbness and tingling. Objective findings include noted neck spasms, diminished light touch sensation at C7-C8 dermatomal distribution, and limited cervical flexion. The treating physician reported requesting authorization for Vimovo, Gabapentin, Cyclobenzaprine, Remeron, and Pristiq.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Vimovo 500mg-20mg, QTY: 60 with 5 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers Compensation, Pain Procedure Summary, Vimovo (Esomeprazole Magnesium/Naproxen).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Vimovo (Esomeprazole Magnesium/Naproxen).

Decision rationale: Regarding the request for Vimovo (Esomeprazole Magnesium/Naproxen), California MTUS Guidelines do not specifically address this combination medication. ODG (Official Disability Guidelines) state that Vimovo is "not recommended as a first line therapy. In May 2010, FDA approved Vimovo, a fixed dose tablet combination of delayed release enteric-coated naproxen and immediate release esomeprazole magnesium (Nexium). The NSAID/PPI (non-steroidal anti-inflammatory drug/proton pump inhibitor) combo is indicated to relieve signs and symptoms of osteoarthritis, requesting authorization, and ankylosing spondylosis while decreasing the risk for NSAID related gastric ulcers in susceptible patients. As with Nexium, a trial of Omeprazole and Naproxen or similar combination is recommended before Vimovo therapy". After review of the received medical records, there is no evidence of a prior trial of Omeprazole or Naproxen and no documentation of any gastrointestinal side effects. Therefore, based on the Guidelines and the submitted records, the request for Vimovo is not medically necessary.

Gabapentin 600mg, QTY: 90 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy Drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-22.

Decision rationale: According to California MTUS Chronic Pain Medical Treatment Guidelines, Gabapentin (Neurontin) is an antiepileptic drug and also referred to as an anticonvulsant. Gabapentin "has been shown to be effective for treatment of diabetic painful neuropathy and post herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain". The medical records received do not show a diagnosis of diabetes or post herpetic neuralgia to demonstrate a need for this particular medication. In addition, the treating physician did not provide adequate documentation of the injured worker's functional response or decreased pain from use of this medication. Therefore, based on the Guidelines and the submitted records, the request for Gabapentin is not medically necessary.

Cyclobenzaprine 10mg, QTY: 20 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

Decision rationale: According to California MTUS Chronic Pain Treatment Guidelines, Flexeril (Cyclobenzaprine) is "recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use". The medical records show that the injured worker has been prescribed Flexeril (Cyclobenzaprine) regularly since 02/17/2014. The continued use of Flexeril for over four months exceeds the MTUS recommendations. Therefore, based on the Guidelines and the submitted records, the request for Cyclobenzaprine is not medically necessary.

Remeron 15mg, QTY: 30 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-depressants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-16.

Decision rationale: According to California MTUS Chronic Pain Medical Treatment Guidelines, Antidepressants for chronic pain are "recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. (Feuerstein, 1997) (Perrot, 2006) Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Analgesia generally occurs within a few days to a week, whereas antidepressant effect takes longer to occur. (Saarto-Cochrane, 2005) Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment". In addition, Guidelines also state, "no studies have specifically studied the use of antidepressants to treat pain from osteoarthritis. (Perrot, 2006) In depressed patients with osteoarthritis, improving depression symptoms was found to decrease pain and improve functional status. (Lin-JAMA, 2003)". After review of received medical records, it is not clear as to why the injured worker is being prescribed this medication, effectiveness of pain relief, evaluation of function, or sleep quality in response to taking Remeron. Therefore, based on the Guidelines and the submitted records, the request for Remeron is not medically necessary.

Pristiq 100mg, QTY: 30 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-depressants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-16. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress chapter, Desvenlafaxine (Pristiq).

Decision rationale: According to California MTUS Chronic Pain Medical Treatment Guidelines, Antidepressants for chronic pain are "recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. (Feuerstein, 1997) (Perrot, 2006) Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Analgesia generally occurs within a few days to a week, whereas

antidepressant effect takes longer to occur. (Saarto-Cochrane, 2005) Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment". In addition, Guidelines also state, "no studies have specifically studied the use of antidepressants to treat pain from osteoarthritis. (Perrot, 2006) In depressed patients with osteoarthritis, improving depression symptoms was found to decrease pain and improve functional status. (Lin-JAMA, 2003)" According to Official Disability Guidelines (ODG), Desvenlafaxine (Pristiq) is "recommended for depression and as an option in first-line treatment for neuropathic pain, especially if tricyclics are ineffective, poorly tolerated, or contraindicated. Pristiq (Desvenlafaxine) is a serotonin and norepinephrine reuptake inhibitor (SNRI)". After review of received medical records, it is not clear as to why the injured worker is being prescribed this medication, effectiveness of pain relief, evaluation of function, sleep quality, or psychological response in regards to taking Pristiq. Therefore, based on the Guidelines and the submitted records, the request for Pristiq is not medically necessary.